



# Dr. Marvin Gretzinger

Tel: 519-886-1931 Fax: 519-886-1612 Email: mcgretzdds@gmail.com  
Suite 204, 255 King Street N, Waterloo, Ontario, N2J 4V2

## Dental Implant Surgical Consent Form

I, \_\_\_\_\_, have been informed and understand that “mini” dental implants are available to certain dental patients. These mini implants are small diameter (1.8mm to 2.4mm) titanium alloy dental implant screws that are being placed in a patient’s jaw to provide immediate and long-term stabilization of teeth. I wish to undergo this procedure as a patient of Dr. Gretzinger. I have requested Dr. Gretzinger to place one or more mini-dental implants into my jaw.

I have also been fully informed by Dr. Gretzinger that the purpose of this dental implant procedure is to provide support for my lower jaw and to enhance function, and I hereby consent to the surgical insertion of long-term or mini-dental implants in my jaw by my clinician. I understand that in the event the mini-dental implants implanted by Dr. Gretzinger fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant’s life cycle, and in event a fracture were to occur, I give Dr. Gretzinger permission and consent to leave the fractured implant in my jaw or remove it, under professional conditions and using professional judgement. It has also been explained to me that once the mini-implants are inserted and implanted, a recommended dental treatment plan, including a program of personal hygiene, must be strictly followed by me and completed on schedule. I have been informed that if this schedule and plan are not carried out, the implants may fail.

I am further aware that the surgical procedure includes the insertion of the mini-dental implants in my jaw, and possibly the construction of a prosthetic device. I am aware that I must return for post-operative care and evaluation on a timely basis which will include evaluation of oral hygiene and plaque removal.

I also understand that function and comfort will be the primary goals of this dental procedure but that success rates of each patient vary. With that in mind, no guarantees of success have been given to me by Dr. Gretzinger or any member of his staff. He has also informed me that use of tobacco, including cigarette smoking, as well as excessive alcohol consumption, can cause failure of dental implants.

I have further been advised that swelling, infection, bleeding and / or pain may be associated with any surgical procedure, including the one recommended to me by Dr. Gretzinger, and that said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lips, chin, gums, or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw. Dr. Gretzinger has discussed the possibility of alternate procedures for my individual needs and has offered to answer any of my questions concerning those procedures.

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures outlined to me by Dr. Gretzinger, and request him to place one or more as long-term mini-dental implants into either my palate or between my teeth in my upper and lower jaw for the purpose of dental reconstruction and functional enhancement. I further give Dr. Gretzinger my express permission to photograph the exterior and interior of my mouth and maxillofacial area for the purpose of clinical research, peer review, and education for the purpose of dental reconstruction enhancement.

I further state that I have carefully read this surgical consent form and understand the contents.

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Certification by Clinician**

I, Dr. Gretzinger, certify that I have explained the above patient the ramifications of the use of long-term or mini-dental implants to the best of my professional ability. I further certify that in my opinion, the above patient is fully informed of the risks and possible benefits of the particular surgical procedure agreed to.

\_\_\_\_\_  
Doctors Signature